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ABSTRACT

This final report describes activities and accomplishments of SpecialCare Outreach Program. This federally funded project was designed to expand inclusive child care options for families of young children with disabilities through replication of a proven model and curriculum for training home and center-based child care providers. During the project's 3 years, it used a train-the-trainer approach with 29 trainers at 18 agencies in Virginia and Maryland, which ultimately resulted in the training of more than 800 caregivers. It has also provided technical assistance designed to foster collaboration between the child care system and the early intervention/early childhood special education system and between families and trained caregivers. The training curriculum developed by the project provides information on inclusive child care, characteristics of children with disabilities, building relationships with families, community services, and consultation. Individual chapters of the report describe the project's goals and objectives, its theoretical framework, its model, the problems encountered, evaluation, and future activities. Appended are the SpecialCare curriculum chart, sample training materials, and evaluation instrumentation. Contains 16 references. (DB)

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SpecialCare Outreach Project

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
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II. ABSTRACT

SpecialCare Outreach

An Early Education Program for Children with Disabilities Project

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SpecialCare Outreach is a program of Child Development Resources, Inc. (CDR), a nationally recognized private, nonprofit agency located in Norge, Virginia. CDR provides services for young children and their families and training and technical assistance to early intervention and early childhood personnel.

The SpecialCare Outreach project was designed to expand inclusive child care options for families of young children with disabilities through replication of a proven model for training home and center-based child care providers. The SpecialCare model offers a training curriculum that increases caregivers' knowledge and level of comfort in caring for children with disabilities. The curriculum contains a trainer's manual with trainer's notes on the content and methods for providing training, handouts for participants, suggested trainer's aids such as flip charts and overheads, as well as additional resources.

During the past three years, the project has replicated the SpecialCare model using a train-the-trainer approach with 29 trainers at 18 agencies having responsibility for training home and center-based child care providers in Virginia and Maryland. The project provided replication sites with training leading to model replication and with technical assistance designed to foster collaboration between the child care system and the early intervention/early childhood special education systems and to foster linkages between families and trained caregivers. SpecialCare Outreach was designed to increase the availability of child care both as a family support service and as an option for natural and inclusive placements within the context of the IFSP or IEP.

The SpecialCare model of training builds on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort, so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. Training provides information on inclusive child care, getting to know children with disabilities, building relationships with families, including children in daily activities, community services for children with disabilities, and preparing for the child's arrival. SpecialCare training teaches caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from early intervention and early childhood special education personnel to support successful placement of children in inclusive child care settings.

The SpecialCare Outreach train-the-trainer approach builds on existing systems for training both home and center-based caregivers and provides a method for continued training of caregivers. The curriculum for train-the-trainer was developed to ensure that replication site personnel acquire

mastery of both the content and processes used in SpecialCare training and of skills to conduct that training in their own communities. The SpecialCare curriculum and supporting materials are disseminated nationally as a project product, targeting agencies responsible for training child care providers.

The work of the project has resulted in the training of over 800 caregivers during the past three years. Evaluation results show that the comfort and knowledge of these caregivers increased in the same way following training by replication sites as it did when training was provided by project personnel. Twenty-nine trainers at 18 sites completed the SpecialCare train-the-trainer process and continue to provide SpecialCare training in their communities throughout Virginia and Maryland. Evaluation of the train-the-trainer process and the trainer's manual indicate that both were helpful in preparing trainers to replicate the SpecialCare model of training. These data, together with data from the more than 800 caregivers trained by replication sites, indicate that SpecialCare Outreach is a powerful tool for expanding child care options for families of children with disabilities. Information about SpecialCare Outreach is available from Sheri Osborne at Child Development Resources (757)566-3300.

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IV. SPECIALCARE GOALS AND OBJECTIVES

GOAL 1: To coordinate project activities with state agencies and organizations responsible for planning, implementing, and monitoring early intervention and early childhood services.

OBJECTIVES

1.1 To establish and/or continue working relationships with state agencies and organizations.
1.2 To get input from appropriate state personnel about agencies to target for replication activities.
1.3 To enlist help from state agencies in disseminating project information.
1.4 To use the Virginia Child Care Resource and Referral Network (VACCRRN) statewide toll-free number to provide families with information about caregivers trainer through SpecialCare.
1.5 To work with NEC*TAS to identify other states interested in replicating the SpecialCare model.

GOAL 2: To provide training leading to replication of the SpecialCare model by agencies having responsibility for training home and center-based child care providers.

OBJECTIVES

2.1 To identify and select child care trainers.
2.2 To orient trainers to the SpecialCare model and the train-the-trainer process.
2.3 To develop individualized replication plans with trainers.
2.4 To prepare trainers for observation of SpecialCare training.
2.5 To conduct SpecialCare training for observation by replication sites.
2.6 To prepare trainers to conduct co-training with project staff.
2.7 To prepare trainers to conduct SpecialCare training.
2.8 To meet with trainers for debriefing and feedback.
2.9 To evaluate train-the-trainer and replication process.
2.10 To provide follow-up consultation and technical assistance as needed.

GOAL 3: **To foster linkages among child care providers, families, and early intervention and early childhood special education services to support successful placement of children with disabilities in inclusive child care settings.**

OBJECTIVES

3.1 To provide information to child care trainers about ei/ecse services.
3.2 To facilitate development of information and/or formal agreements for collaboration.
3.3 To assist replication sites to identify families of children with disabilities who are interested in getting information about caregivers who have received SpecialCare training.
3.4 To provide families with VACCRRN's state wide toll-free number to assist parents in locating trained caregivers.
3.5 To establish procedures with replication sites for informing families about caregivers who have been trained.
3.6 To ensure that caregivers will be given information about ei/ecse services as part of SpecialCare training by replication sites.

GOAL 4: **To ensure that SpecialCare Outreach is responsive to the needs of both families and caregivers by involving them in project activities.**

OBJECTIVES

4.1 To provide families with a variety of options for participation in project activities.
4.2 To determine the nature and extent of desired parent participation in project activities.
4.3 To establish an advisory committee of parents and caregivers.

V. THEORETICAL FRAMEWORK FOR PROJECT APPROACH

The need for high-quality, affordable child care is a critical issue for families with young children. According to the U.S. Department of Labor, 58% of mothers with children under 6 are working, mostly full time. Among employed mothers with children under 5, 28% placed their children in child care centers and a third used family day care homes (New York Times, Feb.7, 1995). For families of children with disabilities, finding adequate child care is a difficult if not impossible task. In fact, lack of adequate child care has forced some parents to leave the workforce, thereby reducing the income of families who may already have extra financial responsibilities associated with their children's disabilities (Ott-Worrow & Baldassano, 1991).

The Americans with Disabilities Act (ADA), P.L. 101-336, entitles children with disabilities to the same right to services and facilities, including child care settings, that all children have. Despite the fact that child care providers are required to take "readily achievable" steps to accommodate children with disabilities (Surr, 1992), many child care providers still refuse to accept children with disabilities. Even when preschool and child care programs do accept children with disabilities, the "most frequently reported diagnostic categories were speech/language impairment, developmental delay, and behavioral disorders" (Wolery, 1993), indicating that children with significant disabilities continue to be excluded from natural and inclusive environments and that their families face increased financial and social barriers.

According to Suzanne Ripley, deputy director of the National Information Center for Children and Youth with Disabilities (NICHCY), "a 'vast gulf' sometimes exists between the laws designed to ensure that children with disabilities have access to child care" and families who can actually find

willing and trustworthy caregivers for their children (Ott-Worrow & Baldassano, 1991, p. 10). Stipulations in insurance policies and inaccessibility of facilities are cited by some child care providers as deterrents for caring for children with disabilities. However, it is the lack of staff training that creates one of the largest obstacles to the availability of child care for families of children with disabilities (Green & Widoff, 1990; Baglin, 1992).

While there is much evidence that child care providers need training in order to work with young children with disabilities (Daniel, 1990; Benham, et al., 1988), many child care providers have not received that training and lack the skills needed to meet children's special needs. Traditional training for caregivers has focused on skill development, curriculum and strategies for group activities while the issues of attitudes, beliefs, values and the affective development of teachers most related to caring for young children with disabilities remain unaddressed (Volk & Stahlman, 1994; Greenman, 1994; V. Raab, personal communication, February 15, 1996; Rose & Smith, 1993; Meyerhoff, 1992; Swain, 1992; Pawl, 1990). As states have implemented Parts H and Part B of the Individual with Disabilities Education Act (IDEA), a cadre of trained child care providers have become essential but frequently missing ingredients in the successful placement of children in integrated and natural settings. Without prepared staff, services provided in integrated settings are likely to be poor, resulting in poor outcomes, and ultimately in less integration of children with disabilities (Strain, 1988).

SpecialCare Outreach was designed to expand inclusive child care options available for families of young children with disabilities through replication of a proven model for training home- and center-based caregivers. Critical principles drawn from the literature on adult learning (Bents & Howey, 1981; Wedman & Robinson, 1988; Wood & Thompson, 1980) influenced the development

of the project's train-the-trainer approach, curriculum and the structure of the materials. The SpecialCare model of training increased caregivers' knowledge and level of comfort, so that caregivers are willing and able to extend their traditional roles to care for children with disabilities in inclusive settings. SpecialCare training was designed to teach caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from early intervention and early childhood special education personnel to support successful placement of children in inclusive child care settings.

In order to have the greatest impact, the train-the-trainer approach was designed to leave a stable system of training, collaboration, and linkages with families in place after the completion of the project. SpecialCare builds on existing community systems of training for child care providers and links those systems with the early intervention and early childhood special education community as partners with families in creating inclusive placements and expanded child care options for children with disabilities.

VI. DESCRIPTION OF SPECIALCARE MODEL

A. Description of SpecialCare Model

The SpecialCare model was designed to expand inclusive child care options for families of young children with disabilities through replication of a proven model for training home and center-based caregivers. The SpecialCare model of training was developed and field-tested between 1990-1993 in a three city, four county area of eastern Virginia. The area has a mixture of urban and suburban settings. It includes the rural northern portion of the eastern shore of Virginia which has very limited resources for both child care and training.

SpecialCare training was designed to build on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort, so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. It is not reasonable or even desirable to expect child care providers to become special education teachers or therapists. However, caregivers can learn how to extend their caregiving skills to meet the needs of children with disabilities. SpecialCare's curriculum provides an introduction to the benefits of inclusive care and each of the six units builds on traditional caregiver roles and skills and extends these roles to caring for children with special needs. Evaluation data on over 150 caregivers trained during model development clearly indicate that caregivers knowledge and comfort increased significantly as a result of the training.

Each unit in SpecialCare's curriculum has a complete set of learning objectives. The curriculum uses a variety of learning experiences and methodology including lecture, videotape, written materials, and interactive experiences. (See Appendix A for a complete list of curriculum segments and learning objectives.) Each participant in SpecialCare training received a notebook

including training materials, supplementary reading material, and references. The notebook served as a reference during training and as a resource after training (See Appendix B, Sample Training Materials).

SpecialCare fostered collaboration between child care providers and early intervention and early childhood special education services (ei/ecse). SpecialCare taught caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from ei/ecse personnel. Cooperative agreements developed with ei/ecse systems in the communities in which the model was developed have continued to provide a source of assistance for caregivers after project completion and to assure that each child's needs are met in the child care setting in the context of their IFSPs or IEPs.

To ensure that training of caregivers resulted in expanded options for families, procedures were developed for linking families with trained caregivers. Families received information through periodic mailings of rosters, through parent networks, and through agencies that provide services to families of children with disabilities. Families on the project advisory committee provided valuable assistance in designing these strategies. Evaluation data show that families had more options for child care as a result of training.

B. Description of Replication Sites

A wide variety of organizations, agencies and individuals participated in the SpecialCare Outreach replication process. Rural, urban, and suburban geographic regions were all represented. Trainers included individuals from the fields of home and center-based child care, early intervention, special education, and a variety of other related fields. Private non-profit agencies participated, as well as federally and state funded agencies.

Project staff reviewed requests from agencies interested in replicating the SpecialCare model of training and selected those best suited for replication activities using the criteria in Figure 1.

Figure 1

Criteria For Selecting SpecialCare Replication Sites

- Agency has experienced trainers responsible for providing training to child care providers;
- Trainers have a background in child development, early childhood education, special education, or related field;
- Trainers are committed to the concept of inclusive child care settings;
- Trainers are available during non-traditional hours;
- Trainers are not restricted to providing training to limited groups or geographic areas within their community;
- Agency will commit personnel time to participate in all steps of the replication process;
- Agency will commit personnel time for model continuation;
- Agency will commit to make training available at little or no cost to caregivers;
- Agency will commit to date collection for evaluation of SpecialCare replication effectiveness;
- Agency policies guarantee equal access to services and in employment;
- Agency is in compliance with all local, state, and federal guidelines and regulations related to services for infants, toddlers, and preschoolers with disabilities and their families.

Replication of the model was conducted with a total of 18 agencies. Listed below are the replication agencies in Virginia:

- Virginia Tech Resource and Referral Service
- Rainbow Riders Child Care Center
- VCU Child Care Early Childhood Technical Assistance Project

- Norfolk Planning Council
- Places and Programs for Children
- Northampton County Virginia Cooperative Extension
- Caroline County Virginia Cooperative Extension
- Gloucester County Virginia Cooperative Extension
- King William County and King and Queen County Virginia Cooperative Extension
- Rappahannock Area Community Services Board
- Fredericksburg Area Family Day Care Association
- Highland Interagency Coordinating Council
- Planning District I, Infant Interagency Council
- Cumberland Interagency Collaborative Council

Listed below are the replication agencies in Maryland:

- Talbot County Public Schools
- Dorchester County Public Schools
- Eastern Shore Child Care Consortium
- Epilepsy Association of Maryland

C. Dissemination Activities

A variety of strategies were used to disseminate project information and resources. Information about the SpecialCare model on which outreach is based and about outreach services was disseminated through NEC*TAS in the following ways:

- Included in a resource pack on inclusion for state 619, Part H, and other early

childhood planners;

- Provided to participants at the NEC*TAS Inclusion Meeting in Scottsdale, AZ;
- Included in 1993-94, 1994-95, and 1995-96 Outreach Catalogs;

Statewide dissemination activities included providing information about SpecialCare training in statewide training calendars disseminated by the Council on Child Day Care and Early Childhood Program, the Virginia Part H Early Intervention Office, and the Virginia Institute for Developmental Disabilities. Information and materials were disseminated at the following Virginia conferences and meetings:

- Virginia Assocation for Early Childhood Education;
- Virginia's Third Statewide Conference on Inclusive Education;
- Virginia DEC Conference: Parents Are Special, Too!;
- Big Brothers Big Sisters Region IV Conference;
- Annual Early Intervention/Early Childhood Summer Institute;
- Building a Commitment to Quality Child Care Conference;
- Integrated Placement Options for Preschoolers Conference;
- The "How To's" of Inclusion Conference.

SpecialCare Outreach activities were highlighted in articles including the following newsletters, with national dissemination:

- LinksLetter, Winter 1995;
- CDR's Open Lines, Spring 1994, Fall 1994, Winter 1995, Spring 1995, Fall 1996.

Other national dissemination strategies included providing SpecialCare information at the 1993, 1994, and 1995 International Division for Early Childhood Conferences and at the 1993, 1994, and 1995 NEC*TAS/OSEP Combined Meeting. Project staff responded to phone and written inquiries regarding project services and products from personnel in Colorado, Michigan, New Jersey, Tennessee, Maine, New York, Utah, Maryland, Texas, Georgia, Wisconsin, Oregon, Nevada, Kansas, the District of Columbia, Virginia, North Carolina, Pennsylvania, Washington, Massachusetts, Delaware, Rhode Island, and Japan.

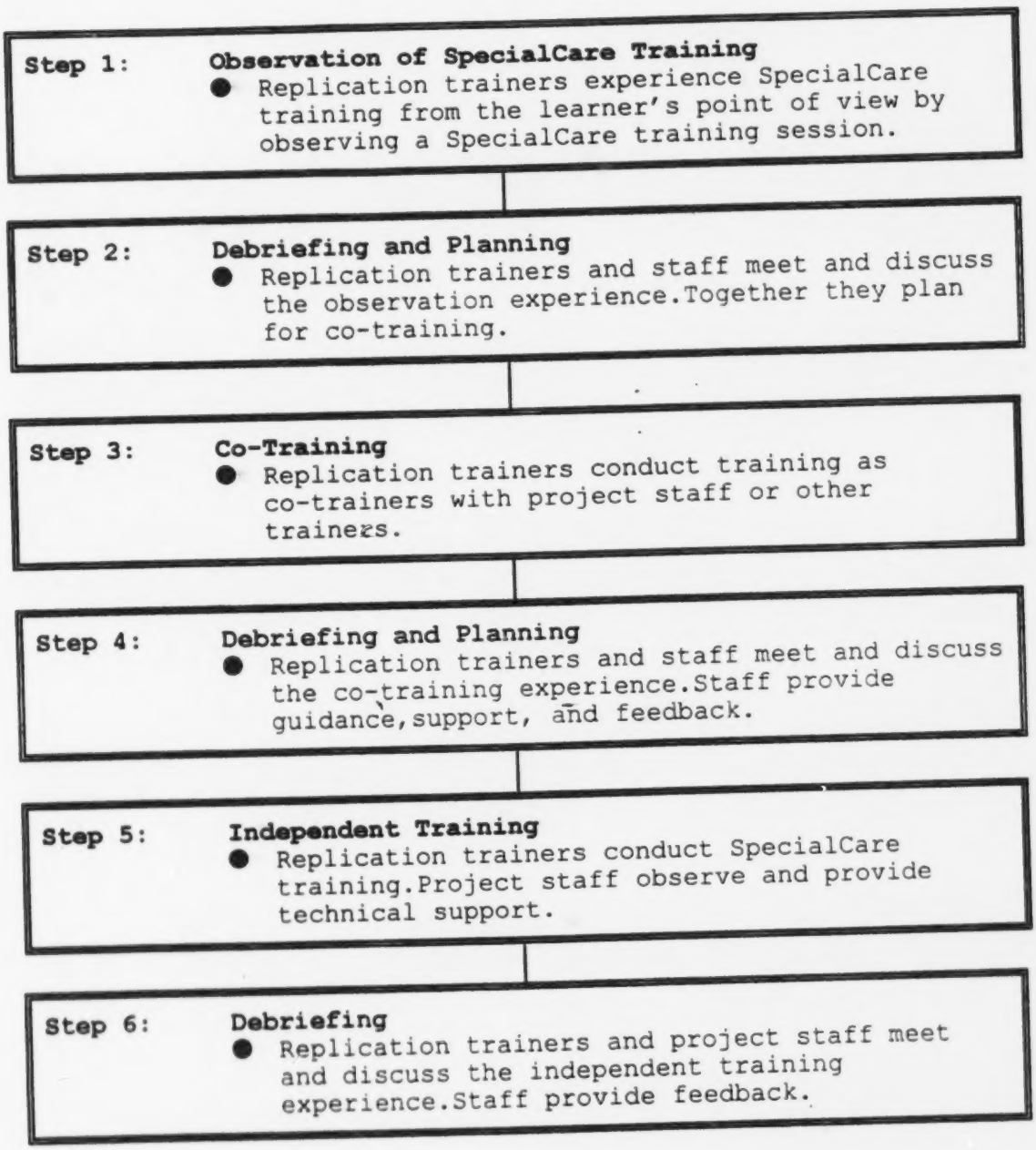
D. Training Activities

The SpecialCare Outreach project developed a six-step train-the-trainer process that included three training sessions of observation, guided practice, and observed practice that provided multiple opportunities to ensure that trainers were familiar with both the content and process of the SpecialCare training for caregivers (See Figure 2). Each replication trainer worked through the SpecialCare curriculum as an observer/participant in training, as a co-trainer with guidance and feedback from project staff, and as an independent trainer with observation and feedback from project staff. This process successfully moved replication personnel from knowledge about SpecialCare content and process to skill in its implementation.

In the first training session, small groups of replication trainers took part in the SpecialCare training as learners, along with caregivers. During this step, replication trainers increased their awareness of the SpecialCare training curriculum and observed the training process. Observed training was followed by a debriefing, as a transition to planning the next step of co-training. Since

Figure 2

SpecialCare Train-The-Trainer Process


Step 1:
Observation of SpecialCare Training
● Replication trainers experience SpecialCare training from the learner's point of view by observing a SpecialCare training session.
Step 2:
Debriefing and Planning
● Replication trainers and staff meet and discuss the observation experience.Together they plan for co-training.
Step 3:
Co-Training
● Replication trainers conduct training as co-trainers with project staff or other trainers.
Step 4:
Debriefing and Planning
● Replication trainers and staff meet and discuss the co-training experience.Staff provide guidance,support, and feedback.
Step 5:
Independent Training
● Replication trainers conduct SpecialCare training.Project staff observe and provide technical support.
Step 6:
Debriefing
● Replication trainers and project staff meet and discuss the independent training experience.Staff provide feedback.

replication trainers differed in background, experience, and level of knowledge related to children with disabilities, project staff provided individualized technical assistance to each replication trainer based on their assessed needs. The Trainer Needs Survey was an instrument designed by the project to help assess trainer's needs and resources. This helped determine information needed by child care trainers in order to provide training related to children with disabilities. While technical assistance began during the first debriefing session, it was available throughout the train-the-trainer process

Next, replication trainers and outreach staff planned and carried out a SpecialCare training session as co-trainers. Specific roles and responsibilities were delineated based on mutual assessment of readiness and outreach staff provided guidance and support as trainers acquired the skills needed to use the SpecialCare curriculum. Following co-training, project staff provided concrete and specific feedback to replication trainers during debriefing. Like the earlier debriefing, this provided an opportunity for discussion and planning for the next step in the train-the-trainer process.

The final training session was the independent implementation of SpecialCare training with observation and feedback from participants and outreach staff. Debriefing was used a final time to determine additional technical assistance needs.

A total of 29 trainers from the 18 agencies listed on pages 8 & 9 of this section participated in the SpecialCare Outreach train-the-trainer process. Follow-up consultation and technical assistance were provided, based on assessed need, through telephone consultations and on-site meetings. Trainers who completed the train-the-trainer process were contacted on a quarterly basis to determine if additional support was needed.

VII. PROBLEMS ENCOUNTERED

No significant methodological or logistical problems were encountered. Minor adaptations were made to the train-the-trainer process to accomodate replication sites whose location required greater travel by project staff.

VIII. EVALUATION

SpecialCare Outreach used a train-the-trainer process to assist agencies to replicate the SpecialCare model of training. The train-the-trainer process includes three training sessions, debriefing and planning, and technical assistance that are designed to ensure that replication staff acquire mastery of both the content and processes used in SpecialCare training (See Figure 2, SpecialCare Train-The-Trainer Process, p. 12). The three train-the-trainer sessions include: 1) observation of a SpecialCare training session conducted by project staff, 2) co-training conducted jointly by project staff and replication staff, and 3) independent training conducted by replication staff alone.

To determine the replicability of the SpecialCare model of training and the effectiveness of the SpecialCare train-the-trainer process, several questions were asked. They include:

- Does the SpecialCare training result in increases in both comfort and knowledge and is effectiveness consistent across measures of both comfort and knowledge?
- Do the trainings provided by trainers replicating the SpecialCare model show the same patterns of effectiveness as trainings provided by SpecialCare staff ?
- Is the pattern of effectiveness the same whether the training is provided by replication staff and SpecialCare staff "co-trainers" or by "replication staff alone"?
- Are changes in caregivers' comfort affected by whether caregivers had previous experience working with children with disabilities?
- Do caregivers participating in training sessions conducted by replication staff perceive the training as useful and appropriate?
- Do replication staff perceive the train-the-trainer experience as valuable?

Effects on Caregiver Comfort

To assess the level of comfort participants felt about caring for children with disabilities, a 7 item questionnaire using a Likert-like 6-point scale was developed. A rating of "1" on an item indicated very low comfort, and a rating of "6" indicated very high comfort. The comfort measure was administered as a pre-test before training began and as a post-test at the end of the training session.

In addition to examining the pre- and post-test differences on the comfort measure, two other factors were assessed. First, the effect of personnel conducting training and second, the effect of previous experience with children with disabilities were examined. The comfort measure data were analyzed in a 2 Time (pre- vs post-training) X 3 Personnel (SpecialCare staff, Co-trainers, and Replication staff alone) X 2 Experience (previously cared for vs never cared for children with disabilities) repeated measures analysis of variance (ANOVA). The results of this analysis indicated significantly higher comfort scores on the post-test compared to the pre-test ($F(df=1,443)=278.0$, $p<.001$). The mean scores on the comfort measure are represented in Table 1 and the significant results are represented graphically in Figure 3. There were no significant differences between the participants' comfort scores based on whether trainers were project staff, co-trainers, or replication staff.

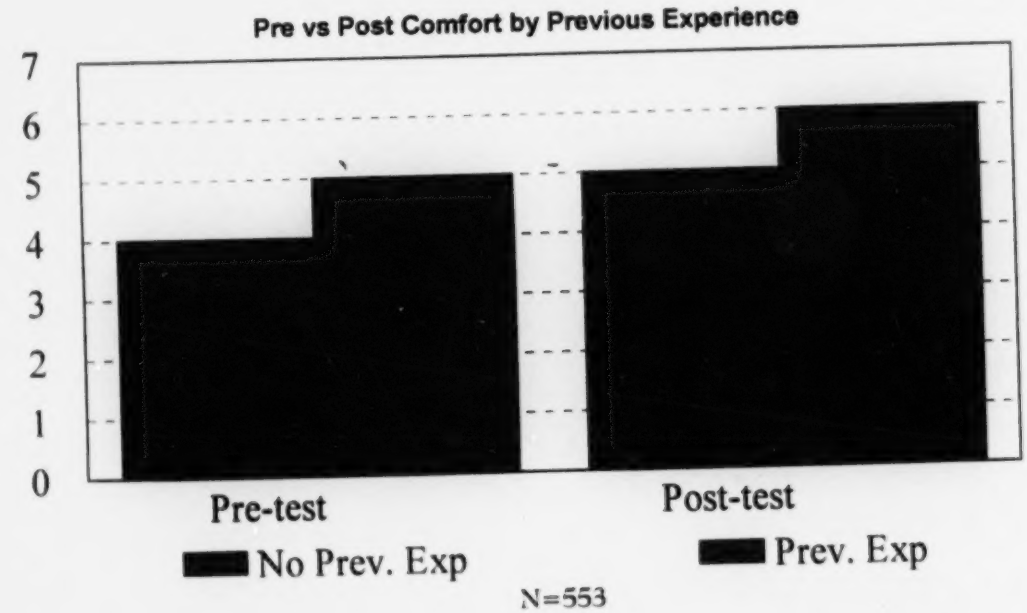
Table 1. Mean Scores on Comfort Measure by Testing Point, Personnel, and Previous Experience With Children with Disabilities.

N=553

Testing Point	SpecialCare Staff		Co-trainers		Replication Staff Alone	
	Exp.[1]	None	Exp.	None	Exp.	None
Comfort						
Pre-test	4.2	3.6	4.1	3.7	4.3	3.7
Post-test	5.2	4.6	5.1	4.7	5.1	4.8

[1] Previous experience with children with disabilities versus none.

Figure 3



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These results indicate that SpecialCare training increased participants' comfort in caring for children with disabilities. This was true for training sessions conducted by all three types of personnel, whether or not participants had previous experience working with children with disabilities. A result that has been shown consistently is that participants who had previous experience with children with disabilities both started and ended with higher comfort levels than those without this experience. It is important to emphasize, however, that the difference in initial comfort did not have an impact on the overall effectiveness of the training. This is demonstrated by the finding that both groups made comparable gains.

Effects on Caregiver Knowledge

The SpecialCare project developed a measure to examine participants' knowledge of information covered during SpecialCare training. This measure consisted of 15 multiple-choice questions. Each question had 3 options and there was only one correct answer to each question. Of the 800 plus caregivers trained, data analysis was completed on 553 participants.

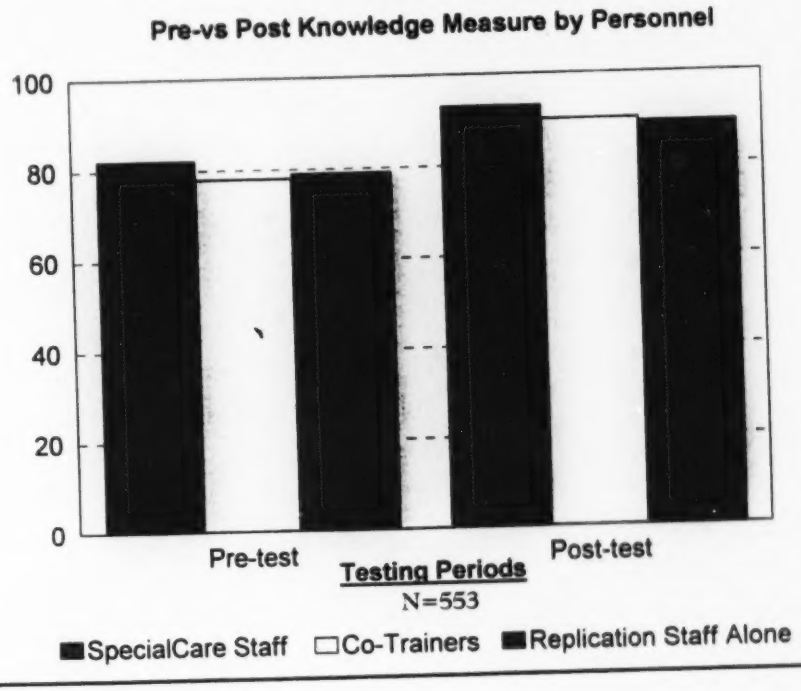
The results on the Knowledge Measure were analyzed in a 2 Time (pre-vs post-training) X 3 Personnel (SpecialCare Staff, Co-trainers, Replication Staff alone) repeated measures ANOVA. This analysis indicated a significant effect of the training ($F(df=1,550)=245.8$, $p<.001$). The scores on the Knowledge Measure are represented in Table 2 and the significant effects are represented in Figure 4.

Table 2. Scores on Knowledge Measure by Testing Point and Personnel.

N=553

Testing Point	SpecialCare Staff	Co-trainers	Replication Staff Alone
Knowledge			
Pre-test(%)	82	78	79
Post-test(%)	93	90	89

Figure 4



Caregiver Perception of Training Experience

In addition to completing the comfort and knowledge measures, 525 caregivers completed a post-training evaluation questionnaire rating the training experience. The measure consisted of five 5-point Likert-type items, with 5 being high. Participants were asked to rate: the overall quality of the training, the appropriateness of the information, whether there was enough opportunity for questions and discussion, whether the training materials were helpful, and whether the training would help them care for children with disabilities. The mean response to each question was above 4.69 indicating a high level of caregiver satisfaction with the training experience and that SpecialCare training will help them care for children with disabilities.

Replication Staff Perception of Train-the-Trainer Experience

At the end of the train-the-trainer experience, two instruments were used by replication staff to evaluate the train-the-trainer process. *The Evaluation of Train-the-Trainer Experience* consisted of ratings of the quality, appropriateness, and usefulness of the train-the-trainer experience. The *Evaluation of Trainer's Manual* was designed to measure the usefulness of the trainer's manual in supporting replication staff's use of the SpecialCare curriculum.

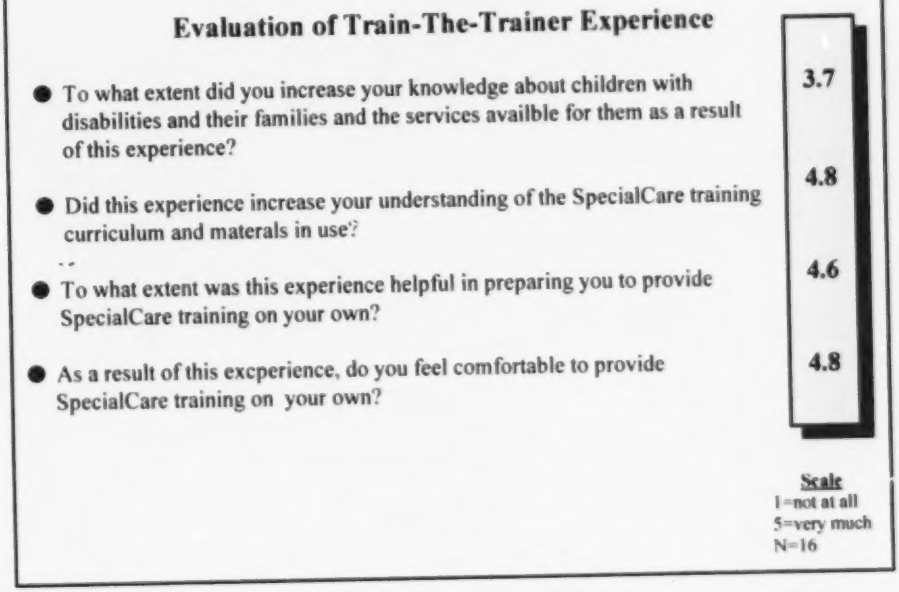
The Evaluation of Train-the-Trainer Experience consists of 5-point Likert-type items, with 5 being the highest rating. Evaluation data indicate that the majority of replication trainers found the train-the-trainer experience extremely helpful in preparing them to provide SpecialCare training on their own (See Figure 5). Replication trainers also indicated that the train-the-trainer process helped in their understanding and use of the SpecialCare curriculum and materials.

Anecdotal information obtained through discussion with replication trainers confirms that they found the train-the-trainer process supportive and meaningful in preparing them to conduct

SpecialCare training. The slightly lower mean on the item related to increasing knowledge about children with disabilities and their families and the services available for them as a result of the train-the-trainer process may have been a result of the experience and background of the personnel participating as replication trainers.

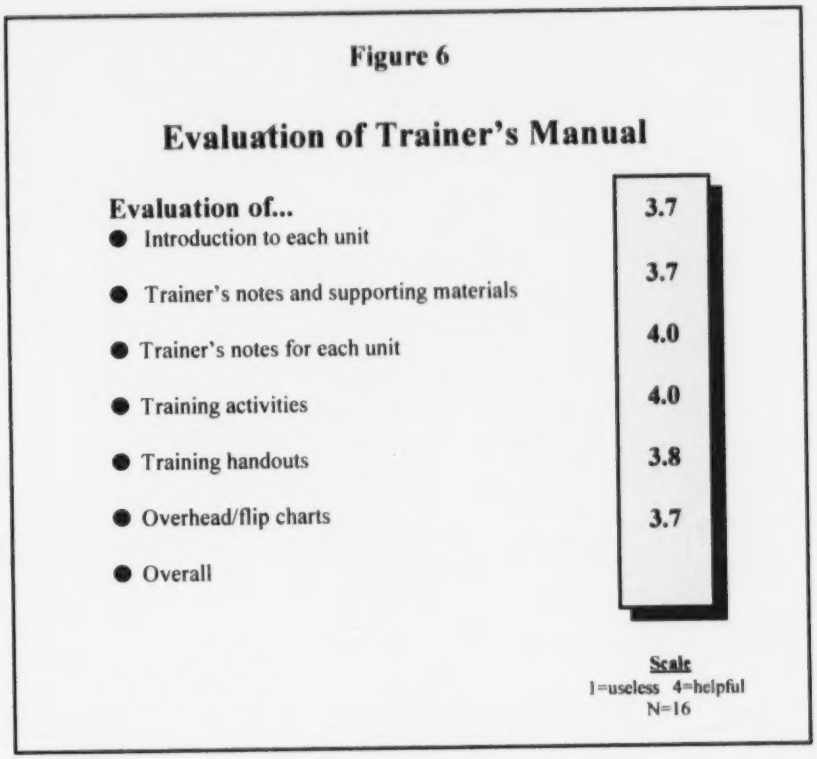
Figure 5

Evaluation of Train-The-Trainer Experience


To what extent did you increase your knowledge about children with disabilities and their families and the services availble for them as a result of this experience?
3.7
Did this experience increase your understanding of the SpecialCare training curriculum and materals in use?
4.8
To what extent was this experience helpful in preparing you to provide SpecialCare training on your own?
4.6
As a result of this excperience, do you feel comfortable to provide SpecialCare training on your own?
4.8
Scale
1=not at all
5=very much
N=16

The *Evaluation of Trainer's Manual* consisted of 4-point Likert-type items, with 4 being the highest rating. Data again suggest that replication trainers found the trainer's manual to be very helpful in preparing them for training (See Figure 6). Mean scores were consistently 3.7 or higher. Replication trainers found the trainer's notes for each unit and the training activities the most helpful, followed by the training handouts. Overall, the data show strong support for the overall usefulness and success of both the train-the-trainer process and the trainer's manual.

Figure 6



Conclusions

- SpecialCare training, whether provided by SpecialCare staff or by trainers replicating the SpecialCare model, increased participants' comfort in caring for children with disabilities.
- The increase in comfort occurred whether or not participants had previous experience in caring for children with disabilities.
- SpecialCare training increased participants' knowledge about working with children with disabilities, and this was not differentially effected by the type of personnel conducting the training.
- Caregivers attending SpecialCare training sessions reported that SpecialCare training

is helpful to them in caring for children with disabilities, and this was not differentially effected by the type of personnel conducting the training.

- These results strongly indicate that the SpecialCare model of training can be successfully replicated by other trainers with results similar to those achieved by the SpecialCare model developer.

IX. PROJECT SPECIALCARE IMPACT

The SpecialCare Outreach project has contributed to current knowledge and practice by providing families, caregivers, trainers, the early intervention and early childhood special education systems, and the professional community at large with:

- an effective and replicable model of in-service training for child care providers designed to enhance their knowledge and level of comfort in caring for children with disabilities,
- a complete 6-unit, 8-hour curriculum, trainer's manual, and supporting materials that can be used by replication sites to continue to train new groups of caregivers,
- a model that increases inclusive placement options for children with disabilities in quality and number, and
- a model that results in collaboration between providers of child care and of early intervention and early childhood special education.

The work of the project has resulted in the training of over 800 caregivers during the past three years. In addition, over 29 trainers at 18 sites have completed the SpecialCare train-the-trainer process and continue to provide SpecialCare training in their communities throughout Virginia and Maryland. ***The SpecialCare Curriculum and Trainer's Manual*** is available from Child Development Resources, P.O. Box 280, Norge, VA 23127-0280.

X. FUTURE ACTIVITIES

Future activities will focus on two areas. The first is dissemination of information about project products and project findings. Dissemination activities will target groups and individuals providing training to home and center-based caregivers, family networks and coalitions, and state agencies and organizations responsible for planning and implementing services to young children with disabilities and their families.

The second is continued replication of the SpecialCare model of training. Child Development Resources has been awarded two three-year grants to extend the SpecialCare project to other communities nationwide. Each grant will teach others how to use the SpecialCare curriculum in their work as trainers of child care providers. An EEPCD outreach project will focus on replication in Enterprise Zones and Empowerment Communities, working in Alabama and Louisiana and one additional state in year one. The second project will focus on replication in order to expand inclusive child care options for children with severe disabilities and will work in Virginia and New Jersey and one additional state in year one. Both projects will also work in Texas.

XI. ASSURANCES

This statement serves as an assurance that the required number of copies of this final report have been sent to the Office of Special Education Programs, U.S. Department of Education and to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition, copies of the title page and abstract/executive summary have been sent to the other addresses as requested.

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APPENDIX A

SpecialCare Curriculum Chart

SpecialCare Curriculum

Unit I: Introducing Inclusive Child Care

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Know what is meant by an inclusive child care setting - Be able to identify the benefits of inclusive child care - Become aware of attitudes and feelings about caring for a child with a disability	- Overview of inclusive child care - Benefits of inclusive child care settings - Attitudes and feelings	- Lecture - Discussion - Video - Activity - Handouts	1 hr. 20 min.

Unit II: Getting to Know Children with Disabilities

Objectives	Content	Teaching Method Instructional Media	Contact Time

- Understand why knowledge of child development is important when caring for children with disabilities
- Become aware of how it feels to have a disability
- Gain an understanding of how children's development may be affected by disabilities
	- Child development
	  - High risk signs in young children
	  - Understanding child development
	  - Areas of development
	  - Principles of child development
	- All Kids Like Cookies
	- How disabilities affect development
		- Lecture
		- Discussion
		- Activity
		- Handouts
			1 hr. 15 min.

Unit III: Building Relationships with Families

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Become more aware of families' perspectives - Gain an understanding of the feelings families may have about their children's participation in inclusive child care settings - Be able to discuss ways to build successful relationships with families	- What families who have children with disabilities tell us - Guidelines for building relationships with families	- Discussion - Lecture - Video - Handouts	1 hr.

BEST COPY AVAILABLE

Unit IV: Including Young Children with Disabilities In Daily Activities

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Understand how to create an accessible child care environment to accommodate children with disabilities - Know how to encourage social interactions between children - Gain an understanding of how to plan activities to ensure participation by all children	- Making the child care environment accessible - Encouraging social interaction through play - Helping children participate in activities	- Lecture - Discussion - Activity - Handouts	1 hr. 15 min.

Unit V: Community Services for Children with Disabilities

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Be aware of the types of special services that may be available for young children with disabilities - Understand how those services are provided, where services might be provided, and who might provide those services - Understand what to do if they have questions or concerns about a child's development - Recognize the importance of sharing information with other service providers	- Early Intervention and Preschool Special Education Services - Providing special services - What to do when you have questions or concerns about a child's development - Sharing information with other service providers	- Discussion - Lecture - Handouts	30 min.-1 hr.

Unit VI: Ready, Set, Go!

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Be able to identify strategies to ensure a smooth beginning for children with disabilities in child care settings - Have ideas about how to plan for a child's arrival - Understand more about personal beliefs about caring for a child with a disability	- Strategies for a smooth beginning - Placing a child in a group - Qualifications needed by caregivers of children with disabilities - Questions caregivers sometimes ask - What to say - Beliefs about caring for children with disabilities	- Lecture - Discussion - Video - Handouts	30 min.-1 hr.

Note: All units are measured or evaluated by pre-post knowledge and comfort measures.

APPENDIX B

Sample Training Materials

UNIT I
INTRODUCING INCLUSIVE CHILD CARE

Objectives and Agenda

Objectives

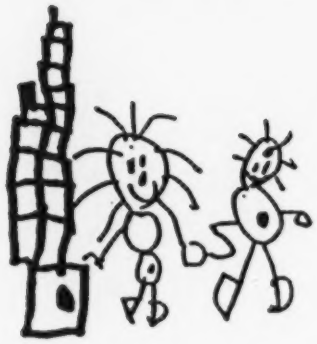
As a result of this session, you will

- know what is meant by an inclusive child care setting,
- be able to identify the benefits of inclusive child care, and
- become aware of your attitudes and feelings about caring for a child with a disability.

Agenda

- Overview and Purpose of the Session
- Overview of Inclusive Child Care
- Viewing the Video "Just a Kid Like Me"
- Activity: Benefits of Inclusive Child Care Settings
- Activity: Attitudes and Feelings
- Summary

We're Just Lucky!



A visitor got caught in a fire drill one day when I was helping out. While we were waiting outside, she asked:

> "Why are there so many children with disabilities here?"

My mind went blank for a second, then I found myself saying:

"We're just lucky, I guess!"

(Parent of a child without a disability)

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center, p. 8.

SC I HO #2 9/93

What Is an Inclusive Child Care Setting?

One in which all children,

those with and without disabilities,

have an opportunity to play

and learn together.

One in which the special needs and interests

of each child, including those with disabilities,

are addressed.

What Words Would You Use?

INSTEAD OF . . .	USE . . .
• Disabled, handicapped child	
• Deaf child	
• The retarded boy	
• Normal	

SC I HO #5 11/94

What Is Known about Caring for Young Children in Inclusive Settings

- All children learn skills and make developmental gains at expected rates in inclusive settings.

- Children usually do not imitate behaviors that are inconsistent with their own levels of development.

- Children do not magically interact.

- Rejection of young children with disabilities by other children is rare.

- Successful inclusion heavily depends on the attitude of caregivers.

Hanline, M. F. & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

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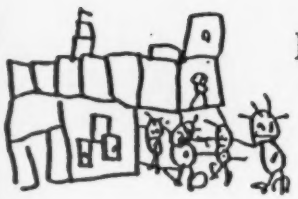

UNIT IV
INCLUDING YOUNG CHILDREN WITH DISABILITIES IN DAILY ACTIVITIES

Objectives and Agenda

Objectives

As a result of this session, you will

- understand how to create an accessible child care environment to accommodate children with disabilities,
- know how to encourage social interactions between children, and
- gain an understanding of how to plan activities to ensure participation by all children.

Agenda

- Overview and Purpose of the Session
- Making the Child Care Environment Accessible
- Encouraging Social Interaction Through Play
- Helping Children Participate in Activities
- Summary

Change the World Around Her

"You may not change Maria's disability . . .

You may not make her walk . . .

But you can make her life better . . .

You can change the world around her."

(Parent of a child with a disability)

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center, p. 12.

The Accessible Child Care Environment

- Children should have access to all the activities going on in the child care setting.

- Children with disabilities should be near other children.

- All children should be situated as much alike as possible.

Adapted from: Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center.

Promoting Social Interactions

Interacting and playing with others provides many learning opportunities for young children. In inclusive child care settings, children with and without disabilities may need to be encouraged to play together. Social interaction between the two groups of children can be encouraged in a number of different ways. Suggestions for ways to use caregiver attention and to structure the child care setting to promote socially interactive play are discussed below.

Caregivers can be very effective in promoting social interaction by encouraging children to play together and by praising them when they do. However, it is important to remember that too much adult attention may interfere with the children's interactions. It is a good idea, therefore, for adults to remove themselves from the play situation once children have begun to play together.

Caregivers also can promote interactions by teaching children specific ways to ask other children to play, to share toys, to take turns, to express affection, and to help other children.

Assisting children to control their aggressive behavior encourages the formation of friendships.

Planning small group activities that require cooperation and sharing motivates socially interactive behavior. For example, painting a mural or making soup as a group encourages children to learn to work together.

Being certain that children with disabilities are seated next to children without disabilities makes it easy for the children to interact with and learn from each other.

Allowing all children to lead activities, pass out materials, and be successful in front of others helps children view each other as competent.

Toys such as blocks, dolls, dress-up clothes, trains, and cars promote social interactions much more than do toys such as beads, clay, puzzles, and paints.

Making sure all children have toys that they can play with competently encourages children to play together.

Limiting the number of toys available and requesting that children play in a small area require children to share and engage in the same activity, thereby encouraging social interactions.

Adapted with permission from: Hanline, M. F., & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

Guidelines for Activities

When planning how to include children with disabilities in activities, consider the following guidelines:

- Determine how much assistance is needed.
- Provide opportunities for children to choose activities.
- Provide types of activities similar to those used by other children.
- Position children appropriately to allow for maximum independence.
- Remember that individual children have individual learning styles.
- Provide or adapt whatever additional equipment or materials may be necessary.

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center.

Special training for special needs: Module I: Monitoring development and identifying special needs. (1989). Minneapolis, MN: Project ETC, Greater Minneapolis Day Care Association and Portage Project, CESA Five.

Helping Children with Speech or Language Impairments

Children with a delay in their communication development may have a speech impairment, a language impairment, or a combination of both. Children with speech impairments often have difficulty speaking in the correct pitch and tone of voice, pronouncing and sequencing the sounds used to talk, and/or speaking with normal rhythm and speed. Children with language impairments may have difficulty expressing their ideas in words and/or may have difficulty making sense of what they hear. A delay in communication development may occur as part of another disability.

When including children with delays in their communication development in inclusive child care settings, keep in mind that children learn language best when they have the opportunity to practice talking and listening and when language is meaningful to them. Remember also that children with speech impairments may be shy about talking. Help the children feel secure by gently encouraging them to use the skills they have, while not asking them to do anything that will be frustrating or embarrassing. Let the children know that any attempt at talking is appreciated.

To enhance children's communication development:

- Listen attentively when a child speaks and respond to what the child has said. A child with a speech impairment may be difficult to understand at first, but understanding becomes easier as you get to know the child.
- Remember to use names for objects and places and to use words for actions. For example, instead of saying "Put it over there," say "Hang your bag on the hook."
- If a child is having difficulty expressing himself, listen without interrupting for him to finish speaking. Do not speak for the child.
- Ask children open-ended questions instead of yes-no questions. Rather than saying "Are you painting?" ask "What are you doing?"
- A child who has difficulty understanding words may have problems responding immediately to simple verbal directions. It may help to show the child what to do at the same time you are telling her what to do, to use gestures along with the spoken word, and to give the child a little extra time to respond.
- Try not to anticipate and meet a child's needs before the child expresses a need. Encourage the child to independently and spontaneously express his needs.
- Expand on what a child says. For example, when a child says "Want ball," expand by saying "You want the ball." This shows the child he is understood and also shows him how to express himself in a more developmentally advanced way.

Adapted with permission from: Hanline, M. F., & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

SC IV HO #8 10/93

Helping Children Participate - Activity #1: Children with Speech or Language Impairments

The purpose of this activity is to help you know how to help children with disabilities participate in your child care setting. You will have 15 minutes to complete the activity.

Instructions

- Read Handout #8: Helping Children with Speech or Language Impairments.
- Do the task.
- Discuss your ideas with the other members of your small group. Use the chart paper to write down three to five ideas your group has talked about.
- Be prepared to share your ideas with the large group.

Task

Imagine you have just started caring for a child named Kenny. Kenny is 4 years old and has a speech impairment. He doesn't speak very often, and, when he does, he is hard to understand.

Identify three things that you can do to enhance Kenny's communication development.

APPENDIX C

Evaluation Instrumentation

- **Caregiver Comfort Measure**
- **Caregiver Knowledge Measure**
- **Training Evaluations**

CAREGIVER COMFORT MEASURE

Name:_____ Date:_____

Social Security #: _____

This survey is designed to gather information about your experience and level of comfort in caring for children with disabilities. We will use the information to determine if our assistance has been helpful.

I. Please circle the number that represents your level of comfort in:

Caring for children with all types of disabilities.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Talking with families of children with disabilities about their child and their child's strengths and needs.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Helping children with disabilities have access to all parts of the room as well as to all activities and materials.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Planning activities that children with disabilities can enjoy.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Knowing where to find the specific help you may need to care for an individual child with a disability.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

Knowing what to do if there are questions or concerns about a child's development.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

Preparing for a smooth beginning for children with disabilities into your child care setting.

1	2	3	4	5	6
uncomfortable		somewhat comfortable		very comfortable	

II. Have you ever cared for a child with a disability?

___ yes ___ no

If yes, please list age and disability of the child:

Age at Time of Care	Disability
_____	_____
_____	_____

(continue on back of sheet if necessary)

III. Please circle the word that best describes you:

home-based caregiver center-based caregiver trainer

For CDR Use Only:

__ __ __ / __ / __ __ __ / __ __ __ - __ __ - __ __ __ __ / __

SC 6/08/93

CAREGIVER KNOWLEDGE MEASURE
SPECIAL CARE TRAINING

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____

DIRECTIONS: Read each statement. Write the letter of the best choice in the space provided.

1. _____ When children with and without disabilities have a chance to learn and play together, children without disabilities usually

   (a) learn skills at the expected rate
   (b) also show delays
   (c) copy the behavior of children with disabilities

2. _____ Rejection of young children with disabilities by other children is

   (a) never going to happen
   (b) common
   (c) rare

3. _____ Successfully including children with disabilities in a child care setting heavily depends on

   (a) the attitude of caregivers
   (b) whether other children have ever seen a child with a disability
   (c) the type of disability the child has

4. _____ In child care settings, caregivers of children with disabilities need to

(a) understand child development
(b) have a college degree
(c) be an expert in special education

5. _____ The term "cognitive development" is used to describe how a child

(a) relates to others
(b) thinks and solves problems
(c) sits and grasps toys

6. _____ If you care for a child who is not able to see well, you might need to

(a) stand close to the child and speak louder
(b) tell the child when you move the furniture
(c) carry her wherever you go

7. _____ When we do not agree with a family's way of living we should

(a) try to change their way of thinking
(b) respect each family's right to have their own values and lifestyle
(c) always report them to social services

8. _____ We should ask parents of children with disabilities to

(a) do less than other parents
(b) do more than other parents
(c) do the same as other parents

9. _____ When including children with disabilities in a child care setting, it is necessary to

(a) make only slight changes such as rearranging the furniture
(b) make major changes to the building
(c) make no changes in the environment

10. _____ In order for children with disabilities and other children to play together, the caregiver

(a) may need to provide encouragement
(b) should not interfere
(c) should be involved in all play activities

11. _____ For children with speech problems, caregivers should

(a) correct the way the child talks
(b) use simple, direct speech
(c) ask the child to repeat mis-pronounced words correctly

12. _____ In Virginia, early intervention services are available for children with disabilities who are

(a) birth to two years old
(b) birth to five years old
(c) three to five years old

13. _____ If caregivers have questions or concerns about a child's development, they should

(a) discuss their concern with the child's parents
(b) immediately call the local special education program
(c) not do anything because if they are wrong it would only upset the child's parents

14. _____ Children who receive special education services must

(a) get therapy
(b) have an individual plan
(c) go to a school classroom program

15. _____ When planning for the arrival of a child with a disability, caregivers should

(a) treat the child the same as any new child
(b) make sure all the parents of other children know the child is coming
(c) make a "big deal" out of telling the other children so they will be nice to the child

For CDR Use Only:

__ __ __ / __ / __ __ __ / __ __ __ - __ __ - __ __ __ __ / __

SC 6/08/93

WE VALUE YOUR INPUT

DATE: _____ LOCATION: _____

What I liked about the training...

Suggestions I would like to offer for improving the training...

I gained knowledge about...

How Did We Do?
The information presented was:
_____ Easy to understand
_____ Difficult to understand because...

The information presented was:
_____ useful
_____ not useful because...

I think what I'll remember most was...

My attitudes changed about...

SPECIALCARE PROJECT
Training Evaluation

Participant's S.S.N._____

The overall quality of the training was - (circle one)

1	2	3	4	5
very poor				very good

Was the information presented appropriate for your needs?

1	2	3	4	5
not at all				very much

Was there enough opportunity for questions and discussion?

1	2	3	4	5
not at all				very much

Were the training materials helpful?

1	2	3	4	5
not at all				very much

Will the training help you care for children with disabilities?

1	2	3	4	5
not at all				very much

1. If this training will help you care for children with disabilities, please give an example of how it will help.

_____

_____

2. PLEASE SHARE ANY ADDITIONAL COMMENTS:

_____

_____

For Office Use Only:

Training Session: ____ Program #:____ Program Type:____ Survey Point:____